

Newburyport Housing Authority

25 Temple St.

Newburyport, MA 01950

Tel (978) 465-7216 Fax (978) 463-3080

GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION

NAME _____

ADDRESS _____

SOCIAL SECURITY _____

I, the above named individual, have authorized the Newburyport Housing Authority to verify the accuracy of the information, which I have provided to the NHA from the following sources:

Criminal activity, CORI, Courts, law enforcement agency, credit bureau, employment (past and present wages, Pensions/Annuities), self-employment income, US Social Security Administration (Social Security, SSI Benefits, Social Security numbers), State Welfare Agencies (TAFDC, General Relief, etc.), State Employment Security Agencies, (unemployment benefits), Health and Accident, Insurance and Workman’s Compensation, US Department of Veteran’s Affairs, Federal, State and local benefits, Bank and other financial institutions (asset income, interest, IRA, CD’s, Stocks & Bonds, etc.), Court records (alimony, child support), family composition, credit history, identity & marital status, handicapped assistance expenses, medical care, medical insurance premiums & expenses, school & college (tuition & fees, child care expenses (day care).

I hereby give permission to release this information to the Newburyport Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Newburyport Housing Authority, 25 Temple St, Newburyport, MA 01950 within five (5) days of the receipt of this request.

I understand that a photocopy of this authorization is the valid original.

Thank you for your cooperation to this matter.

Signature

Date

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR
FROM THE DATE NOTED ABOVE**

9/14/04